

Subcutaneous **naltrexone implants** which block the effects of heroin for six or seven weeks could reduce the early relapse rate after detoxification. A new report documents outcomes for 101 patients including the first to be implanted in Britain in 1997 and a second intake treated three years later.¹ For both the implants typically followed rapid detoxification. During the 12-week follow-up period, continuing patients would have had to have the implant replaced, a relapse opportunity. Despite being encouraged to do so, most did not repeat the implant, possibly due to the expense. Nevertheless, just 17 were reported to have relapsed and perhaps 23 if the worst is assumed of the six who could not be contacted. There were two deaths apparently unrelated to the implant or to relapse to heroin use, an important finding since any abstinence-based therapy carries with it the risk of overdose if patients resume opiate use. A third of the second intake 'tested' the implant in the first few days yet most did not persist, suggesting that the procedure helps some who would otherwise quickly relapse sustain at least several weeks without regular heroin use. Similarly, a German study of 108 patients on naltrexone (69% implants) after rapid detoxification found that after a year, 53% of the 90 who could be traced were abstinent; 20% more sustained this with implants than with oral naltrexone.² More research is needed on the relative benefits and risks of non-opiate pharmacological treatments like naltrexone versus substitution treatments like methadone maintenance, exploring who is most likely to benefit from which.

1 Foster J. *et al.* "Naltrexone implants can completely prevent early (1-month) relapse after opiate detoxification: a pilot study of two cohorts totalling 101 patients with a note on naltrexone blood levels." *Addiction Biology*: 2003, 8, p. 211–217.

2 Gözl J. *et al.* "Catamnestic outcome of opiate addicts after rapid opiate detoxification under anaesthesia, relapse-prophylaxis and psychosocial care." *Suchtherapie*: 2000, 1, p. 166–172.